LESIONS THAT MAY FOOL FAMILY PRACTITIONERS!

Samer Ghosn
American University of Beirut Medical Center
• GPs are often the first physicians to evaluate skin lesions.

• Their initial assessment is crucial for early diagnosis, timely referral, and proper management.

- 656 consecutive general practitioner referrals to a private dermatology practice were assessed.

- Concordance (GP-D) in 42% of all biopsied cases
  - General practitioners agreed with the histological diagnosis in 24% of cases
  - Dermatologists agreed with the histological diagnosis in 77% of cases.

- Concordance (GP-D) in 45% of all non-biopsied cases.
THE NON-DISTINCT LESIONS OF THE FACE …

THAT HAVE REAL SIGNIFICANCE!!!
Sebaceous gland hyperplasia
Imperfect SGH!!

Sebaceous adenoma
Muir-Torre syndrome

- Syndrome that combines:
  - At least one sebaceous neoplasm (other than sebaceous gland hyperplasia)
  - At least one visceral malignancy

- AD in 59% of cases.
Visceral neoplasm in MTS

- Colorectal cancer (50%)
- Genitourinary cancers (25%).
- Others
  - Breast cancer
  - Lymphoma and rarely leukemia
  - Salivary gland tumors
  - Lower and upper respiratory tract tumors
  - Chondrosarcoma
  - Intestinal polyps >25% of patients
  - Benign tumors: ovarian granulosa cell tumor, hepatic angioma, benign schwannoma of the small bowel, and uterine leiomyomas.
May uncover colon CA
Verrucoid lesions!

Multiple trichilemmoma
Cowden Syndrome (Multiple hamartoma syndrome)

- AD
- Multiple trichilemmoma
- Higher incidence of breast carcinoma in women
- Hamartomas of internal organs including the thyroid gland, breasts and gastrointestinal tract.
May uncover breast CA
Resistant acneiform lesions!!

Multiple fibrofolliculomas/trichodiscomas
Birt-Hogg-Dube syndrome

- **Skin**: fibrofolliculomas, trichodiscomomas & acrochordons
- **Kidney**: malignant chromophobe carcinomas
- **Lung**: cysts or spontaneous pneumothoraces
Birt-Hogg-Dube syndrome

- Medullary thyroid carcinomas
- Parathyroid adenomas
- Neurothekeoma
- Meningioma
- Adenocarcinoma of the colon and colonic polyps
Birt-Hogg-Dube syndrome

• AD

• Gene encodes folliculin, a protein highly conserved and expressed in the lungs, skin and kidneys

• Gene locus close to p53 gene locus (17p13.1)
  – ? → tumor formation
CASE

A 40-year-old woman with asymptomatic facial papules and history of pneumothoraces
- many years
• +ve FH of similar lesions in mother, brother and maternal uncle

• CT of chest: numerous pulmonary cysts

• System review negative
Birt-Hogg-Dube syndrome

• Timely diagnosis important

• Renal cancers major cause of morbidity and mortality
  – Renal ultrasound or abdominal/pelvic CT scan

• Screening of family members & genetic counseling
Resistant acneiform lesions!

Multiple angiofibromas!
Tuberous sclerosis
NON-DISTINCT LESIONS OF THE FACE

SHOULD BE BIOPSIED.
ECZEMATOUS LESIONS

THAT ARE FAR FROM BEING
ECZEMA!
Unexplained persistent eczema over hand!
Bowen’s disease (SCCIS)
Unexplained persistent eczema over trunk!
Mycosis fungoides
Unexplained persistent eczema over breast!
Mammary Paget disease
Extramammary Paget disease
Tinea penis
SEBORRHEIC RASHES

BUT NOT SEBORRHEIC DERMATITIS!
Familial foul-smelling seborrheic rash!!
Darier’s disease
PEMPHIGUS FOLIACEUS
ATYPICAL ECZEMATOUS RASHES

SHOULD BE BIOPSIED!
GENITAL LESIONS

THAT ARE NOT SEXUALLY TRANSMITTED!
FIXED DRUG ERUPTION
Pearly penile papule
Angiokeratomas of Fordyce
Tyson’s spots
Ectopic sebaceous glands
ACNE OR FOLLICULITIS?

OR NEITHER?!!
Pityrosporum folliculitis
Rosacea
Steroid-induced rosacea
Acquired perforating disorder of diabetes and renal failure
Miliaria
PIGMENTED LESIONS

THAT ARE NOT MELANOCYTIC!
Polythelia
Dermatofibroma
IF MULTIPLE LESIONS...
Seborrheic keratoses
Pigmented basal cell carcinoma
Pigmented actinic keratoses
LESIONS THAT ARE TOO
WEIRD

TO BE NEVI!!!
Spitz nevus
Blue nevus
HALO NEVUS: risk of vitiligo!
Which lesion would you like to have on your skin?
URTICARIAL RASHES

THAT ARE NOT URTICARIA!
Urticaria

- Evanescent
- Itchy
- No marks!
Non-evanescent, painful, and purpuric urticaria!!!
Urticarial vasculitis
Resistant urticaria in an elderly man!

Later on bullae!!
Bullous pemphigoid
VERY BENIGN LESIONS

THAT MIMIC CARCINOMA!
Chondrodermatitis nodularis helicis: look for vascular problems!
WHEN COMMON TONGUE CHANGES ARE IMPORTANT TO RECOGNIZE!
Scrotal tongue (fissured, lingua plicata)
Melkerson-Rosenthal syndrome

- Scrotal tongue
- Episodes of facial nerve palsy
- Recurrent episodes of lip swelling that becomes persistent over time

Crohn’s disease?
Geographic tongue (benign migratory glossitis)
Peutz-Jeghers syndrome
LESIONS THAT MAY MIMIC PITYRIASIS ROSEA

AND MANY OTHER THINGS!
Secondary syphilis
LOTS OF VERRUCAE…

SO WHAT?
-EDV
-BIOPSY!
WHEN TINEA DOES NOT RESPOND TO ANTIFUNGUALS!
Inverse psoriasis
Familial benign pemphigus (Hailey-Hailey disease)
Beware of axillary lipomas!

Because they may not be lipomas…
“A 31 year old Indian woman with stable bilateral axillary “lipomas” since the age of thirteen…”
# Aberrant breast tissue

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
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<tbody>
<tr>
<td>Class I (Polymastia)</td>
<td>Complete breast(s) with nipple, areola, and glandular tissue</td>
</tr>
<tr>
<td>Class II (Supernumerary breast without areola)</td>
<td>Nipple and glandular tissue but no areola</td>
</tr>
<tr>
<td>Class III (Supernumerary breast without nipple)</td>
<td>Areola and glandular tissue but no nipple</td>
</tr>
<tr>
<td><strong>Class IV (ABT or Mamma aberrata)</strong></td>
<td><strong>Glandular tissue only</strong></td>
</tr>
<tr>
<td>Class V (Pseudomamma)</td>
<td>Nipple and areola but without glandular tissue (replaced by fat)</td>
</tr>
<tr>
<td>Class VI (Polythelia)</td>
<td>Nipple only</td>
</tr>
<tr>
<td>Class VII (Polythelia areolaris)</td>
<td>Areola only</td>
</tr>
<tr>
<td>Class VIII (Polythelia pilosis)</td>
<td>Patch of hair only</td>
</tr>
</tbody>
</table>

**Kajava classification of ectopic mammary tissue**
Aberrant breast tissue

- Often misdiagnosed as lipoma, hidradenitis, follicular cysts, and lymphadenopathy ➔ inappropriate Rx.
  - The lack of associated nipple complex
  - The late onset of diagnosis
ABT & Breast cancer

- Increased incidence of cancer in ABT but not in polymastia/ supernumerary breast
  - Stagnation in the lumina of ABT, a promoting factor?

- Most reported cases of malignant degeneration: ductal carcinoma (79%).

- Cancers arising in axillary ABT have a worse prognosis.
Aberrant breast tissue Therapy

- Prophylactic surgical excision associated with significant morbidity
- The current approach is conservative
- Periodical examination
DERMATOLOGY

The importance of clinicopathologic correlation!
Surgeon gets result: SCCIS

And he does act accordingly…
Bowenoid papulosis

Bowen’s disease
Clinicopathologic correlation is very important!

It might save the patient a vulvectomy!
A 21 year-old woman with a 3-year-history of recurrent vesicular eruption
D = Bullous EM
No history of herpetic lesions
No improvement on valtrex 500mg BID for 3 months!!!
GP noted: “Patient was having monthly eruptions!”
AUTO-IMMUNE PROGESTERONE DERMATITIS

Premenstrual lesions

Premenstrual lesions

Premenstrual lesions

24 hours after test injection

Progesterone challenge (50mg/cc)
Why GPs get fooled by these lesions?

• Because of the lesions themselves!

• Because of GP’s
  – Not interested?
  – Not trained enough?
  – They don’t refer when they don’t know!?

• Because of dermatologists
  – They don’t like to teach GPs!
  – They don’t give them feedback about patients!

• Because of the system!
Thank you!
PURPURIC LESIONS

BUT NOT VASCULITIC!